



ADVENT  
LUTHERAN SCHOOL

## 2023-2024 Application

### Student Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School if applicable: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Church or Congregation: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mom's Phone: \_\_\_\_\_

Mom's Email: \_\_\_\_\_

Dad's Phone: \_\_\_\_\_

Dad's Email: \_\_\_\_\_

How did you hear about Advent Lutheran School?:

What led you to apply to Advent Lutheran School?: